

Physician Medical Clearance Form
For Fitness Evaluation and Exercise Prescription

Dear _____,

VASTA Performance Training, Inc. provides personal fitness training, sport-specific coaching, return-to-sport, post-operative, and post-rehabilitative services including fitness evaluations and exercise prescription programs for all fitness levels. Our programs are preventative and complimentary to the rehabilitative programs of physical therapists. VASTA adheres to the ACSM (American College of Sports Medicine) Guidelines for Exercise Testing and Prescription as well as the NSCA (National Strength and Conditioning Association) Essentials of Strength and Conditioning.

_____ will receive a comprehensive consultation including an orthopedic screening, fitness testing and nutritional assessment. The results will be kept on file and available to you upon request from your patient.

If _____ is **Moderate Risk** or **High Risk** a CURRENT medical exam and Physician's Supervised exercise testing is recommended.

Please indicate which information you would like to have regular progress reports on:

Blood Pressure___ Resting Heart Rate___ Body Fat %___ BMI___ Resting Metabolic Rate___ V02 Max___
Flexibility: Upper Extremity_____ Trunk_____ Lower Extremity_____
Strength: Upper Extremity_____ Trunk_____ Lower Extremity_____

In the interest of your patient please complete the questions on the following page and return to us by fax at (802) 497-2366.

A release for this information is provided below for your convenience.

Please call us at (802) 399-2244 if you have any questions.

Thank you in advance for your assistance. It is our goal to ensure accuracy and safety for each patient

Consent for Release of Medical Information

I understand that this Medical Clearance form requests personal medical information about me from my physician. I consent to have my physician provide the requested information to VASTA Performance Training, Inc for their use in prescribing a comprehensive and customized fitness program.

Client Signature: _____

Date: _____

VASTA Performance Training, Inc.

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South Burlington, VT 05403
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Thank you
